

MISPLACED CONFIDENCE.

A member of the Society writes us as follows and sends a copy of some advertising "literature": "I was under the impression that this firm (Lehn & Fink) pretended that it advertised its products only to the profession. Here is a pamphlet which has been mailed to a number of my patients." The title of the pamphlet is Rheumatism and Gout; their Symptoms, Causes, Prevention and Cure. The booklet follows the usual form of cheap "patent medicine" advertising and to read it one would feel quite sure that the only thing in the world that could cure him of rheumatism or gout is Piperazine Water. No, confiding member, your confidence was sadly placed; this firm, like a good many others, notably Frederick Stearns, would like to get all they can out of the doctor—and also get all they can out of the doctor's patients direct!

REPORTING COMMUNICABLE DISEASES.

At the conference of the various state health authorities with the Public Health Service held in Washington June 1, 1912, a resolution was adopted the purpose of which is to put into operation a co-operative plan "by which information of the current occurrence and geographic distribution of the communicable diseases would be available to the respective health authorities." The idea is a very good one and should be appreciated by all health officers in every part of the country. These reports go to the Surgeon General of the Public Health Service, are then compiled and put together and are issued in the weekly bulletin of the service which has a wide circulation; thus every health officer knows in the shortest possible time just what the conditions in regard to communicable diseases are in every other part of the country. "Whenever in any locality within a state there is an unusual outbreak or sudden increase in the number of cases of any of the following diseases, the Surgeon General should be notified by telegram (collect) followed by letter: Smallpox, typhoid fever, scarlet fever, epidemic poliomyelitis, diphtheria, epidemic cerebrospinal meningitis." All health officers in California should earnestly co-operate with the Public Health Service in this most important and valuable work.

OPHTHALMOLOGICAL CONGRESS.

The twelfth International Congress of Ophthalmology will be held in St. Petersburg August 10 to 15, 1914. We quote the following from the first official circular:

"Members who want to communicate reports to the Congress are obliged to send off the manuscript with the inscription fee to the central bureau in St. Petersburg, Ophthalmic Hospital, Mocho-waja 38 to the General Secretary Dr. Th. Germain not later than the 1st of February 1914. The reports must be written in one of the official languages of the Congress: English, French, German, Italian, Spanish or Russian; the extension of each work must not pass over 5 pages, the

usual length of reports on the preceding congresses. The manuscript must be written with the machine."

MEDICAL BILLS IN THE LEGISLATURE.

In discussing the various bills which have been introduced in the present legislature, and they are more numerous and more dangerous than at any previous session of the legislature in the history of the State, a few fundamental facts must be remembered.

A license to practice medicine or any mode of treating the sick or afflicted is not a piece of property given to an individual; it is a police license intended for the protection of the people and not for the benefit of the person to whom it is issued.

All such licenses, wherever issued, had their origin in the fact that uneducated and unqualified persons were desirous of making money out of sick people. At first all licenses were issued upon the presentation of a diploma from a medical school, which was originally considered to be evidence that the holder had studied medicine. It was soon found that a diploma meant nothing because unscrupulous persons formed "colleges" or "schools" which sold diplomas for sums ranging from \$50 up.

License based on examination was the next step; the examination given by the licensing body and not by the body issuing the diploma. The first state to base the issuance of a police license to practice medicine on an examination conducted by the licensing body, was New York, in which state the law went into effect in 1891.

Reciprocity, or the recognition by one state of a license issued in another state, first came about after several states had followed the example set by New York and issued licenses based on an actual examination. The principle of this reciprocity was that one state would recognize as satisfactory, the examination which had been given by another state; the actual license was secondary to a careful inspection of credentials and a satisfactory examination of the applicant, by the issuing state.

As it became harder for uneducated persons to obtain license to practice medicine, other systems or modes of treating the sick or afflicted were "discovered" and the followers of these systems asked for special licensing boards in their special systems, claiming that, as they did not wish to practice "medicine," but merely their special "mode," they should not be required to take the regular examination. But it was quite evident that, as a matter of fact, no matter what they said they wanted to practice, they all actually practiced medicine; or at least they all treated sick or afflicted persons in whatsoever way they saw fit.

The fundamental point of all laws regulating the requirements for a license for anyone to treat the sick or afflicted, is this:

Before being allowed by the state to treat a sick or afflicted person, the individual should be required to prove that he knows how the body is